



SCALE

SACRAMENTO COUNTY ALLIANCE OF LAW ENFORCEMENT

2366 Gold Meadow Way • Gold River, CA 95670
(916) 858-2689 • info@scale.org • www.scale.org

MEMBERSHIP APPLICATION FORM

Name: (as it appears on your W2) _____
(Last) (First) (MI)

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Home E-mail: (optional) _____ Cellular Phone: () _____

Social Security Number: _____ Date of Birth: _____

Rank/Classification: _____ Date of Hire: _____

Agency: _____ Unit: _____ Step: _____

Email: _____

FOR OFFICE USE ONLY

DUES _____

LDF- 2 years only \$5.00

_____ Total

I hereby authorize SCALE to deduct each payday the sum indicated as the existing due's deduction established in the current Bylaws.

Signature of Applicant

Date of Application



SCALE

**Classifications: Park Rangers / Supervisors
Public Defenders Criminal Investigators
Coroner / Supervisors**

All Unit 31 members of the Sacramento County Alliance of Law Enforcement are also members of PORAC. PORAC membership offers enhanced Legal Defense (LDF) and Long-Term Disability. (LTD)

Cost for PORAC membership and PORAC Legal Defense Fund Tier 1 is \$1618 per pay period.

While PORAC membership is mandatory, participation in the Long-Term Disability is not. Monthly rate: \$24.50 (effective 2-1-2017) The LTD Premium Plus plan is \$11.31 per pay period. Please signify if you wish to participate in the LTD plan by checking your preference.

_____ I agree to participate in PORAC Long Term Disability Group Plan (Myers-Stevens) \$11.31 per pay period, and the mandatory PORAC membership of \$16.18. I authorize the total deduction of \$27.49 out of my paycheck.

_____ I DO NOT WISH to participate in the LTD plan, but authorize the \$16.18 mandatory PORAC membership deduction from my paycheck.

Member Signature

Date

Group Non-Safety Disability Application

PLATINUM - Group Short-Term Disability Program

DIRECTIONS: This form must be completed to apply for Group Disability Coverage. When Evidence of Insurability is required, that form will be provided separately. To apply for coverage (as a Member) complete all items, sign, and date below.

When finished, send original to Myers-Stevens & Toohy & Co., Inc. and keep a copy for your records

Please print clearly (black ink): Fax, Mail or Scan and E-Mail to:



Myers-Stevens & Toohy & Co., Inc. | 26101 Marguerite Parkway | Mission Viejo | CA 92692
 phone 800.827.4695 | fax 949.348.2630 | PORAC@myers-stevens.com | license #0425842

Insurance & Benefits Trust of PORAC (STD Plan 610008 - C)

Tell Us About Yourself:

Your Name		Sex ___ Male ___ Female	SSN
Home Address			
City		State	ZIP
Date of Birth	E-Mail Address	Home Phone	Work Phone
Full Name of Your Employer			Date Employed
Association Name		Associate Number	
Monthly Salary \$	Date of PORAC Membership	/ /	PORAC # (if available)

Please confirm you are a **Non-Safety Member** by initialling the space below.

I am a: _____ Non-Safety Member

A Non-Safety Member is an employee who is **not** eligible to receive benefits under California Labor Code Section 4850 and safety employee benefits under the County Employees Retirement Act of 1937 or Public Employees Retirement Systems (PERS) of California, or benefits comparable thereto, with their employer at the time of Disability is incurred.

As a member in good standing of PORAC and having read the attached brochure describing the benefits. I hereby apply for coverage under my association's disability plan which is subject to the provisions of the Insurance and Benefits Trust of the Peace Officers Research Association of California Group Short Term Disability Plan Document. I certify that I am working full-time and able to perform all the required duties of my occupation. Upon approval of this application, I authorize my employer to make the necessary deductions from my wages or salary to cover my contribution (if any) for the cost of this coverage.

Member's Signature _____ Date _____



Insurance & Benefits Trust of PORAC

Platinum Short Term Disability Plan Summary of Benefits For **Non-Safety** Members

Plan Features

Short-Term Disability (Plan # 610008 - C)

How Benefits are Funded	Fully self-funded and administered by the I&B Trust of PORAC .
Percentage of Wages Protected	70% of the first \$14,286 monthly Pre-Disability Earnings, reduced by Deductible Income, after the first 60 days of Disability.
Maximum Monthly Benefit	\$10,000 (70% of \$14,286) before reduction by Deductible Income.
Maximum Benefit Period	36 Months
Own Occupation Period	During the initial 24 months of Disability.
Benefit Eligibility Waiting Period	Occupational Disabilities: 0 days Non-Occupational Disabilities: 0 days, if you have been unable to work for 15 days, provided that you have not had a Temporary Recovery of greater than 5 days during this period. During the first 60 days of Disability: <ul style="list-style-type: none"> You are eligible to receive up to 35% of the first \$14,286 of your monthly Predisability Earnings, reduced by Deductible Income. You are required to use any available personal leave pay you are eligible to receive from your Employer. (After 60 days vacation pay and compensatory time pay are no longer considered Deductible Income.)
Freeze of Sick Leave	After 60 Days
Sick Leave Integration Benefit (Non-Industrial only)	After 60 days, receive 100% of base pay through use of 50% leave time and 50% STD Benefit.
Minimum Benefit	\$200 per month while receiving sick leave/annual leave for Non-Occupational Disabilities.
Catastrophic Disability Benefit	Up to 12 months while STD benefits are payable and during the Own Occupation Period, the plan pays up to an additional 30% of the first \$14,286 of monthly Pre-Disability Earnings, not to exceed \$4,286.
Musculoskeletal & Connective Tissue Disorders	For certain conditions, benefits are limited to 24 months for each continuous period of disability.
Mental & Nervous Disorders	Benefits are limited to 6 months for each continuous period of disability.
Drug & Alcohol Use	Benefits limited to 12 months lifetime.
Death Benefit	\$65,000 Death Benefit (Accidental) \$50,000 Death Benefit (Natural) (You are covered for the Death Benefit while enrolled under the STD Plan and during the first two years you continue to be disabled and receiving Disability Benefits).

Monthly Contribution: \$24.50